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## \*BIBDATASHEET\*

CONFIRMATION NO. 9412

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/661,984	<b>FILING OR 371(c) DATE</b> 09/12/2003 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 13751-056001
<b>APPLICANTS</b> Dinah W. Y. Sah, Boston, MA; Teit E. Johansen, Horsholm, DENMARK; Anthony Rossomando, South Grafton, MA;				
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/EP02/02691 03/12/2002 which is a CIP of 09/804,615 03/12/2001 ABN <span style="float: right;">PL 2.6.07</span>				
<b>** FOREIGN APPLICATIONS *****</b> <span style="float: right;">none PL 2.6.07</span>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/02/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <span style="margin-left: 50px;">Allowance</span> Verified and <span style="margin-left: 100px;"><u>ACSL</u></span> Acknowledged <span style="margin-left: 100px;">Examiner's Signature</span> <span style="margin-left: 100px;">Initials</span> <span style="margin-left: 50px;">PL</span>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 10
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 26168				
<b>TITLE</b> NOVEL NEUROTROPHIC FACTORS				
<b>FILING FEE RECEIVED</b> 1460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	